

Children's Fountain of Knowledge Learning Center, Inc.

9109 McPherson Unit 9 Laredo, Texas 78045

(956) 753-7272

Permission to Photograph Child and Waiver of Liability

Name of Minor: _____ Age: _____

Name of Parent or Legal Guardian: _____

Permission and Waiver: I am a parent or guardian having legal custody or the legal guardianship of the above minor child. I give my permission for my child to be photographed by Children's Fountain of Knowledge Learning Center, Inc. ("CFKLC, Inc.") for school-related purposes. School-related purposes include, but are not limited to, posting of the photograph publicly within the school, use of the photograph in administrative records, and use of the photograph for advertising purposes on the school's website.

I hereby, on behalf of my child, myself, our heirs, assigns and personal representatives, waive, release and forever discharge CFKLC, Inc., its Director and employees from any and all claims arising directly or indirectly from the use or publication of my child's photograph, including but not limited to injuries or losses caused by the ordinary negligence of CFKLC, Inc., its Director and employees and the ordinary negligence, gross negligence and willful misconduct of third parties.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives, further agree not to sue CFKLC, Inc., its Director and employees with respect to any claim for injury that arises as a result of the use and publication of my child's photograph.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives, agree to indemnify, defend and hold harmless, at my sole cost, CFKLC, Inc., its Director and employees from any and all claims arising out of the use and publication of my child's photograph.

Any provision or portion of this Permission Slip and Waiver of Liability found to be invalid by a court shall be deemed invalid only with respect to such provision or portion thereof, and then only to the extent necessary to avoid such invalidity.

Print Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____